POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*M*	7099	8/17
O.I.P.E. CLASSIFIER		8	8-22-00
FORMALITY REVIEW	*SR*	852	09-27-00
RESPONSE FORMALITY REVIEW	*M.H*	625	03-27-01

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim (Final)	Original	9-20-02	2-28-03	6-13-04	Date					
①	1	√	√	✔						
	2	√	√	√						
	3	✔	√	√						
	4	√	√	√						
	5	√	√	√						
	6	√	√	√						
	7	✔	✔	0						
	8	√	√	0						
	9	√	√	0						
	10	√	√	0						
	11	√	√	✔						
	12	√	√	✔						
	13	✔	√	√						
	14	√	√	√						
	15	√	✔	0						
	16	√	√	0						
⑰	17	√	√	✔						
	18	√	√	✔						
	19	√	√	√						
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	21	√	√	√						
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	23	√	√	0						
	24	√	√	0						
	25	✔	√	0						
	26	√	√	0						
	27	√	√	✔						
	28	√	√	✔						
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If more than 150 claims or 10 actions
staple additional sheet here

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